INDIANA DEPARTMENT OF INSURANCE REQUEST FOR CONTINUING EDUCATION COURSE APPROVAL

Will seminar be held on a one-time only b	asis? YesNo_	Provider #				
Will course be open to public?	Yes No	<u></u>				
Provider Name						
Address						
City	State_	Zip Code	_			
Contact Person			_			
Telephone No. ()		(800# if available)				
Federal Tax ID No.						
E-Mail Address of Contact Person			<u> </u>			
Course Title						
If filing Course Revision state Original Course Nur	nber		_			
Date of Course	Start Tir	me End Time	<u> </u>			
Course/Seminar Location (Street Address	, City, State, Zip Cod	e)	_			
If filing as Secondary Provider using self-study Provider Name, course title & credit hours ori						
Instruction Method: Classroom/Seminar Convention Workshop		For Self-Study: Textbook Internet _ CBT				
Number of credit hours requested						
Date	Signature of	f Contact Person	-			

NOTE: Seminar filings must be received by the DOI at least 60 days prior to the beginning of the seminar—NO EXCEPTION.

The following must be included with course filing as set out in the December, 2001 Guidelines. One (1) original set of all documentation, \$40.00 filing fee, Content Outline/Agenda, Text Material. If self-study course, include original textbook or screen prints, sealed copies of 3 sets of examinations. Rule 50 and Guidelines available on website for reference. Mail submission to: Indiana Department of Insurance, 311 W. Washington Street, Indianapolis, IN 46204-2787.

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